Effective October 1, 2000 09767410												
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAI TYPE OR SMALL ENTIT												
T	OTAL CLAIMS							ATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		-	IC FE	+		BASIC FEE	
T	OTAL CHARGE	4 t minus 20=		. 51-			5 9=	+	1		7,0.00	
INI	DEPENDENT C	3 minus 3 =		. 55		·			OR			
MULTIPLE DEPENDENT CLAIM PRESENT							· ^	40=	<u> </u>	OR	X80=	
+135= OR +270=												
<u>"</u>	1019 K	ence in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN										
										OTHER SMALL		
_		(Column 1) CLAIMS		HIGH		(Column 3)	311	ALL	ADDI-	7 7	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	R/	TE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= '	XS	9=	`	OR	X\$18=	
	Independent	<u> </u>		1		=	X	0=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.4	·		1	+270=	
								35= OTAL		OR	TOTAL	
,	1-29-04	(Column 1)		(Colur	nn 2\	(Column 3)	ADDIT			OR	ADDIT. FEE	
AMENDMENTB	• ,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•71.	Minus	. 7	7/ .	=,0	X\$	9=		OR	X\$18=	
	Independent	· 3	Minus	ر)	=6	X4	0=		OR	X80=	
	HHST PHESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+13	5=		OR	+270=	
							ADDIT	DTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT	ree			AUUII. PEEI	
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHI NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	9=	·	OR	X\$18=	, <u></u>
	Independent	•	Minus	•••		-	X40				X80=	
	FIRST PRESENTATION OF MULTIPL			PLE DEPENDENT CLA						OR		
. ,	I the entry in rother	nn 1 is less than th	a anthe in nels	mn 2 write	"O" in act	uma 2	+13			OR	+270=	
•• 1	I the "Highest Nur	nn i is less than th nber Previously Pa mber Previously Pa	iid For' IN THI	S SPACE is	less than	20, enter *20.*	ADDIT.	TAL FEE		OR ,	TOTAL ADDIT: FEE	
		ber Previously Pai					found in t	ю арр	ropriate box	in colu	umn 1,	

Application or Docket Number